

Static Job Information Change Form

Transaction Code: 12

***EMPLOYEE ID**

***JOB NO.**

***EFFECTIVE DATE**

***First Name**

MI

***Last Name**

Suffix

***Jurisdiction Name**

MM/DD/YYYY

CURRENT JOB INFORMATION:

Enter only the current information that is to be changed

Perm. Title
Code

Permanent
Title Name

Appt. Type

Hire Date

Permanent
Appt. Date

Perm. Service
Entry Date

Appt. Date

Working Test
Start Date

Interim Thru Date

Interim Replaced ID

Work Week
Hours

License Code

Essential
Emp. Y/N

Grade

Local
Employee ID

Union Code

NEW JOB INFORMATION:

Enter only the information that is to be corrected

Perm. Title
Code

Permanent
Title Name

Appt. Type

Hire Date

Permanent
Appt. Date

Perm. Service
Entry Date

Appt. Date

Working Test
Start Date

Interim Thru Date

Interim Replaced ID

Work Week
Hours

License Code

Essential
Emp. Y/N

Grade

Local
Employee ID

Union Code

Comments

AUTHORIZING SIGNATURES:

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request. Signature of Appointing Authority is required if submitted by US mail; courier or facsimile. Signature is not required if form is submitted electronically.

Appointing Authority: I certify that the action requested conforms to Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: X _____ X _____

SUBMIT TO: CAMPS.Forms@DOP.state.nj.us or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354